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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/462,531 04/14/2003

O.K. R.S.

** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	STATE OR COUNTRY PA	SHEETS DRAWING 1	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
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Verified and Acknowledged *Robert L. S. R.S.*
 Examiner's Signature Initials

ADDRESS

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TITLE

Sitting square baby support cushion

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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